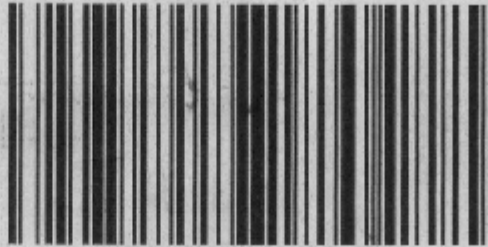


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD28386215

2 2 2 E E E 2 2 2

ADDITIONAL TRACKING NUMBERS	
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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET LA LUCIA		Company Name le creuset watacrest						<input type="checkbox"/> Same Day	
Street Address SHOPO3, 90 WILLIAM CAMPBELL LA LUCIA MALL DURBAN NORTH		Street Address Shop u604, watacrest Mall Inanda Road Durban						<input type="checkbox"/> Express	
Suburb		Suburb						<input type="checkbox"/> With Sunrise-Option	
City/Town DUR Postal Code 4000		City/Town Postal Code 3652						<input type="checkbox"/> With Saturday Service	
Contact		Contact ATT: Sipesande / Noma						<input type="checkbox"/> Public Holiday Service	
Phone 0315725045		Phone 031-4631525						<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country						<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>		Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UTI 4058806		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		SPECIAL INSTRUCTIONS						<input type="checkbox"/> 3. EFT	
Tariff Code 027766		Bill To <input type="checkbox"/> Consignee <input checked="" type="checkbox"/> Other (Name Please) <input type="checkbox"/>						Total Mass (Kg)	
		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF)		SENDER'S AUTHORIZED SIGNATURE (A) DATE 01/08/2018							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		1		BOX					
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
SIPESANDE				SHAKU					
Date Received:		Time Received:		Date Received:		Time Received:			
020818		1245		010818		1655			
Signature: SIPESANDE				Signature: [Signature]					

POD COPY

Version Control (01/2018)